Improving Civil Registration and Vital Statistics Systems around the World
“Last month, an international research group published the latest statistics on global child mortality in *The Lancet*. They estimated that 7.6 million children under age 5 died in 2010, well over half from infectious diseases. But fewer than 3% of those deaths were medically certified—assigned a cause by a health worker and recorded in an official database. For the other 97%, the scientists are forced to make sophisticated guesses.” *Science, June 2012.*
Improving Civil Registration & Vital Statistics (CRVS) Systems around the World

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ADOPTED BY THE UNITED NATIONS GENERAL ASSEMBLY AT ITS 193RD MEETING, HELD IN PARIS ON 10 DECEMBER, 1948
NCHS International Statistics Program
Vital Registration Improvement Project

• Training & technical assistance to countries
  – Legal review
  – Physician cause of death certification
  – Verbal autopsy
  – ICD manual coding & IRIS software for selecting cause of death

• Demonstration projects
  – Malawi
  – Kenya
  – Morocco

• South to South TA & regional training centers

• CRVS curriculum for CDC’s Field Epidemiology Training Program (FETP)
BIRTHS: Percentage of Population Living in Countries with Complete Civil Registration Systems

DEATHS: Percentage of Population Living in Countries with Complete Civil Registration Systems

Figure 1.2  Quality of globally available information on causes of death

Quality of causes of death
- High
- Medium–high
- Medium–low
- Low
- Limited use
- No report

WHO, 2007
The Challenge:

- **48 million** infants are not registered each year (~ 40%)

- **38 million** deaths are not registered (2/3 of all deaths globally)

- **85 countries** have zero or unreliable cause of death information
  - an additional 52 countries have low-quality data
Why CRVS Systems Don’t Work

• Lack of priority by government
  – Poor quality systems
  – Inadequate systems outside of urban areas

• A passive system doesn’t work in a developing setting
  – Majority of events occur at home
  – Population doesn’t feel need to register
  – Barriers to registering (distance, cost, time, lack of awareness, etc.)
Previous International Efforts to Strengthen CRVS Systems

- Setting standards to improve comparability
- International collection & publication of data
- Strengthening national statistical systems
  - Not a government priority
  - Lack of recognition as key component of development
What Has Changed?

- Most countries are now **more developed**
- **Mobile technology** is eliminating previous communication problems
- National **ID systems** require birth, death info.
- Focus on **unique advantages** of CRVS:
  - Identification – via birth registration
  - Continuous data flow
  - Small area data
  - Cause of death information
  - Inexpensive data source

*Devices such as smart phones can provide real-time data access from remote areas. WHO.*
CRVS Improvement Efforts: How to make systems function well

- Create demand by **requiring certificates** for government services
- Ensure system is **affordable**
- Improve **cause of death info.**
  - Useful info. from physicians
  - Info. with no physician involvement (*verbal autopsy*)
- Employ **community health workers** to record events at household level (*active system*)
Thank you!

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.